Today’s Date (include month, day, and year)

Your Name

Street Address

City, State, Zip Code

Daytime telephone number

Name of Principal or Special Education Administrator

Name of School

Street Address

City, State, Zip Code

Dear (Principal’s or Administrator’s name),

I am writing to request that my son/daughter, (child’s name), be evaluated

for special education services. I am worried that (child’s name) is not doing

well in school and believe he/she may need special services in order to learn.

(Child’s name) is in the ( \_ ) grade at (name of school). (Teacher’s name) is

his/her teacher.

Specifically, I am worried, because (child’s name) does/does not (give a few

direct examples of your child’s problems at school).

We have tried the following to help (child’s name): (If you or the school

have done anything extra to help your child, briefly state it here).

I understand that I have to give written permission in order for (child’s

name) to be evaluated. Before the evaluation begins, I have some questions

about the process that I need to have answered (list any questions you may

have). I would be happy to talk with you about (child’s name). You can send

me information or call me during the day at (daytime telephone number).

Thank you for your prompt attention to my request.

Sincerely,

Your name

cc: your child’s principal (if letter is addressed to an administrator)

your child’s teacher(s)